

Candidate and Political Committees'  
REPORT OF RECEIPTS AND DISBURSEMENTS

Candidate's Name Joe (J.L.) Warren

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Office Sought State Representative Political Party Democrat

☐ Check here if above is different from previous report

**TYPE OF REPORT**

X **January 29, 2010 Annual Report** (January 1, 2009, through December 31, 2009).....**All Candidates and Political Committees**

       **Termination Report** (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt obligation) **Required to terminate reporting obligations**

**IMPORTANT**

- (1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
- (2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
- (3) The municipal clerk must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.

**REPORTED CONTRIBUTIONS AND DISBURSEMENTS**

	(itemized + non-itemized)	This Period	Calendar year-to-date
Total amount of contributions	\$ 2,000.00	\$ 2,000.00	\$ 2,000.00
Total amount of disbursements		\$ 0	\$ 0
Total amount of cash on hand		\$ 2,000.00	

*I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.*

Joe (J.L.) Warren  
Signature of Candidate

1-27-10  
Date

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.

Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

- SEND TO:
1. Candidates for statewide, state district, multi-county and all legislative offices should return form to Secretary of State, Elections Division, P.O. Box 136, Jackson, MS 39205 or fax to 601-359-1499 or 601-576-2819.
  2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.



Name of Candidate or Committee JOE (J.L.) WARRENReporting period 1-1-09 through 12-31-09

## ITEMIZED RECEIPTS

A. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan☐ Other (please specify) \_\_\_\_\_

Full name	Date (Mo., Day, Year)	Amount of each receipt this period
<u>ADVANCE AMERICA</u>	<u>7/2/09</u>	\$ <u>500.00</u>
Mailing Address		\$
<u>135 North Church Street</u>	<u>1/1/</u>	\$
City, State, Zip Code		\$
<u>SPARTANBURG, SOUTH CAROLINA 29306</u>	<u>1/1/</u>	\$
Name of Employer (Required)		\$
<u>CAROL A. STEWART</u>	<u>1/1/</u>	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>500.00</u>
<u>SENIOR VICE PRESIDENT, GOVERNMENT AFFAIRS</u>		

B. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan☐ Other (please specify) \_\_\_\_\_

Full name	Date (Mo., Day, Year)	Amount of each receipt this period
<u>CHEVRON CORPORATION</u>	<u>9/30/09</u>	\$ <u>500.00</u>
Mailing Address		\$
<u>P.O. Box 9034</u>	<u>1/1/</u>	\$
City, State, Zip Code		\$
<u>CONCORD, CALIFORNIA 94524</u>	<u>1/1/</u>	\$
Name of Employer (Required)		\$
<u>R. STEPHEN RENFROE</u>	<u>1/1/</u>	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>500.00</u>
<u>MANAGER, MISSISSIPPI</u>		

C. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan☐ Other (please specify) \_\_\_\_\_

Full name	Date (Mo., Day, Year)	Amount of each receipt this period
<u>ALTRIA CLIENT SERVICES, INC.</u>	<u>12/2/09</u>	\$ <u>500.00</u>
Mailing Address		\$
<u>6601 WEST BROAD STREET</u>	<u>1/1/</u>	\$
City, State, Zip Code		\$
<u>Richmond, Virginia 23230</u>	<u>1/1/</u>	\$
Name of Employer (Required)		\$
<u>SEAN M. COLLINS</u>	<u>1/1/</u>	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>500.00</u>
<u>District Director, St. Government Affairs</u>		

D. Source: ☐ Corporation ☒ PAC ☐ Individual ☐ Loan☐ Other (please specify) \_\_\_\_\_

Full name	Date (Mo., Day, Year)	Amount of each receipt this period
<u>Atat MS Political Action Committee</u>	<u>12/3/09</u>	\$ <u>500.00</u>
Mailing Address		\$
<u>175 EAST CAPITAL ST., LANDMARK CENTER,</u>	<u>1/1/</u>	\$
City, State, Zip Code		\$
<u>JACKSON, MS 39201</u>	<u>1/1/</u>	\$
Name of Employer (Required)		\$
<u>RANDY RUSSELL</u>	<u>1/1/</u>	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>500.00</u>
<u>GOVERNMENT AFFAIRS</u>		

Name of Candidate or Committee JOE (JL) WARRENReporting period 1-1-09 through 12-31-09

## ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	___/___/___	\$ 0
City, State, Zip Code	___/___/___	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	___/___/___	\$
City, State, Zip Code	___/___/___	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	___/___/___	\$
City, State, Zip Code	___/___/___	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	___/___/___	\$
City, State, Zip Code	___/___/___	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	___/___/___	\$
City, State, Zip Code	___/___/___	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	___/___/___	\$
City, State, Zip Code	___/___/___	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$